


**2006, FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F69704
1. Entity Name
INTERCONTINENTAL SALES CORPORATION



Principal Place of Business Mailing Address
910 SW 12 AVE **PO BOX 6549 DELRAY BEACH**
POMPANO BEACH, FL 33069 US **DELRAY BEACH, FL 33021 US**

DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)
4. FEI Number Applied For
59-2166025 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SCHWEIBISH, SHARON
7769 TRIESTE PLACE
DELRAY BEACH, FL 33446

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHWEIBISH, RALPH
STREET ADDRESS	7769 TRIESTE PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	S
NAME	SCHWEIBISH, SHARON
STREET ADDRESS	7769 TRIESTE PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	O
NAME	SINGER, SAMANTHA
STREET ADDRESS	7769 TRIESTE PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	D
NAME	NEEDELL, STACY
STREET ADDRESS	7769 TRIESTE PLACE
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/06-80033-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Ralph Schweibish **RALPH SCHWEIBISH** 2/15/06 (S.) 638-7906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PRESIDENT